

Cookies 2025



Outstanding Balance

Service Unit: _____ Troop# _____

Date Submitted: _____

Girl Name _____

Delinquent Parent/Guardian

Parent/Guardian 1

Name: _____

Address: _____

Phone: Home _____ Cell _____

Work _____ Email _____

Parent/Guardian 2

Name: _____

Address _____

Phone: Home _____ Cell _____

Work _____ Email _____

Total Packages of Cookies Received x 6 = Total Balance: \$ _____

Money Paid \$ _____

Balance Due \$ _____

Dates and method of contact

Documentation to turn in

1st attempt at contact: _____

Signed Permission Slip

2nd attempt at contact: _____

Cookie Receipts

3rd attempt at contact: _____

Money Receipts

The Council will now proceed with collection of this debt. If the parent/guardian submits payment after this paper is turned in, please contact Council. If the parent/guardian contacts you with questions after paperwork is submitted, please direct them to the Council Office.

Troop Cookie Manager Name _____

Troop Cookie Manager Signature _____

Email: _____ **Phone:** _____